



State of Maryland

DHMH

**FAX FORM IMMEDIATELY TO:**

Mark Barnstorf, OF  
(410) 333-7789

or

**MAIL FORM TO:**

Office of Finance  
201 West Preston Street  
Room 216B  
Baltimore, MD 21201

**MARYLAND MEDICAL ASSISTANCE PROGRAM**

**MCO Report of Very Low Birth Weight Newborn**

Mother's Name: Recipient Sharon L. DOB: 6/20/88  
Last First M.I.

Mother's Medical Assistance Number: 12345670000

Address: 1522 Wilton Street, Anywhere, MD 21200 S.S.#: 234-00-0000

Full Name of Newborn (s)			Birth Date	Sex	SS Number Applied For
Last	First	M.I.	Mo/Day/Yr	M or F	Mo/Day/Yr
(A) <u>Recipient</u>	<u>Frederick</u>	<u>M.</u>	<u>02/15/11</u>	<u>M</u>	<u>02/16/11</u>
(B)					
(C)					

Complete Name of Hospital: Beltway Medical Systems

Address: 1022 W. Blakely Street, Anywhere, MD 21200 Telephone #: 410-123-6782

<u>Susan Person</u>	<u>/s/</u>	<u>3/25/11</u>
Printed Name of Person Completing Form	Signature of Person Completing Form	Date of Completion
<u>William Saam, M.D.</u>	<u>/s/</u>	<u>3/25/11</u>
Printed Name of Medical Director	Signature of Medical Director	Date of Completion

Name of Mother's MCO: MCO Advantage

Birth Weight of Newborn (IN GRAMS): 1249

**DHMH USE ONLY**

Date Received: \_\_\_\_\_ Confirmed Spans: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_  
 Processed By: \_\_\_\_\_

DHMH Use Only: MA Number Assigned: (A) \_\_\_\_\_  
 (B) \_\_\_\_\_  
 (C) \_\_\_\_\_